



TRICARE  
MANAGEMENT ACTIVITY

PR

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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CHANGE 81  
OCHAMPUS 6010.50-M  
MAY 18, 1999

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
AUTOMATED DATA PROCESSING AND REPORTING MANUAL**

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S): CHAPTERS 2, 5, AND 6

REMOVE AND INSERT PAGE(S): (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE CREATES A SPECIAL PROCESSING CODE "KO" TO BE USED TO IDENTIFY ALL CLAIMS FOR FAMILY MEMBERS OF RESERVISTS ACTIVATED FOR OPERATION ALLIED FORCE (KOSOVO). THIS CHANGE IS ISSUED ALONE WITH NO OTHER MANUAL CHANGES.

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

Mary C. Boykin  
Chief, Office of Program Requirements

ATTACHMENT(S): 8 PAGE(S)  
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

CHANGE NO: 81  
OCHAMPUS 6010.50-M  
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**REMOVE PAGE(S)**

**CHAPTER 2**

2.VIII-15 THROUGH 2.VIII-18

**CHAPTER 5**

5.IV-21 & 5.IV-22

**CHAPTER 6**

6.V-1 & 6.V-2

**INSERT PAGE(S)**

2.VIII-15 THROUGH 2.VIII-18

5.IV-21 & 5.IV-22

6.V-1 & 6.V-2

# Data Requirements

## Chapter 2

### Data Element Definition

#### Element Name: Special Processing Code (Continued)

#### Code/Value Specifications (Continued)

- T Medicare/TRICARE Dual Entitlement (normal COB processing)
- U Medicare pharmacy (Section 702) claim
- V At-risk payment by at-risk claims processor
- W Not-At-Risk payment by at-risk claims processor
- X Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
- Y Heart-Lung Transplant
- Z Combined Liver-Kidney Transplant or Kidney only after March 1, 1997
- ! Northern Region Coordinated Care
- @ Active Duty Cost Share Ambulatory Surgery Taken From Professional Claim
- # Hospice
- \$ Capitated arrangements
- % Abused Family Member
- & Bone Marrow Transplants - TMA approved
- \* VA Medical Center Claim
- ? Ambulatory Surgery Facility Charge
- AD Active Duty Claims
- AN Supplemental Health Care Program - Active Duty Non-MTF-Referred Care

#### Notes and Special Instructions:

<sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.

<sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 3/1/97.

## Data Element Definition

**Element Name: Special Processing Code (Continued)**

AR	Supplemental Care - Active Duty Referred Care
BD	Bosnia Deductible - 12/8/95
CE	Supplemental Health Care Program - Comprehensive Clinical Evaluation Program
EU	Emergency services rendered by an unauthorized provider
GU	Active Duty Service Member enrolled in TRICARE Prime Remote; not at risk payment by MCS contractor
KO	Allied Forces - Kosovo
MH	Mental Health Active Duty Cost Share
MS	Medicare Subvention/TRICARE-Senior Prime (Network)
MN	Medicare Subvention/TRICARE-Senior Prime (Non-Network)
PO	TRICARE Prime - Point of Service
SC	Supplemental Health Care Program - Non-TRICARE Eligible
SE	Supplemental Health Care Program - TRICARE Eligible
SM	Supplemental Health Care Program - Emergency
SP	Special and Emergent Care
<sup>2</sup> ST	Specialized Treatment
WR	Mental Health Wraparound Demonstration

Algorithm N/A

**Notes and Special Instructions:**

<sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.

<sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 3/1/97.

# Data Requirements

## Chapter 2

### Data Element Definition

**Element Name:** Special Processing Code (Continued)

#### Subordinate and/or Group Elements

##### Subordinate

N/A

##### Group

Processing Code

#### Notes and Special Instructions:

- <sup>1</sup> Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
- <sup>2</sup> This code is to be used for services provided in a designated STS Facility on or after 3/1/97.

# Chapter 2

## Data Requirements

### Data Element Definition

**Element Name:** Special Rate Code

#### Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-198	1	Yes
Non-Institutional	2-203	1	Yes

**Primary Picture (Format)** Two (2) alphanumeric characters.

**Definition** Code indicating care that requires special rate.

#### Code/Value Specifications

Blank No special rate

D Discount rate agreement<sup>2</sup>

P Per diem rate agreement<sup>1</sup>

A DRG reimbursement with 4% discount

B DRG reimbursement with 3% discount

C DRG reimbursement with 2% discount

E DRG reimbursement with 1% discount

F DRG reimbursement with no discount

G TRICARE/CHAMPUS DRG reimbursement with LONG STAY OUTLIER<sup>1</sup>

H TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER<sup>1</sup>

I TRICARE/CHAMPUS DRG reimbursement with COST OUTLIER<sup>1</sup>

J TRICARE/CHAMPUS DRG reimbursement with NO OUTLIER<sup>1</sup>

K Hospital-Specific Psychiatric Per Diem Rate<sup>1</sup>

L Region-Specific Psychiatric Per Diem Rate<sup>1</sup>

#### Notes and Special Instructions:

*Left Justified, Blank filled*

<sup>1</sup> Institutional only

<sup>2</sup> Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.

# Institutional Edit Requirements

## Element Name: Special Processing Code (I-197)

### Validity Edits

1-197-01,	OCCURRENCE NUMBER 1
1-197-02,	OCCURRENCE NUMBER 2
1-197-03	OCCURRENCE NUMBER 3
	VALUE MUST BE IN RANGE 1 - 5, 7 - 9, BLANK, B, D THROUGH O, Q THROUGH Z, !, @, #, \$, &, %, ?, PO, *, AD, AN, AR, BD, EU, CE, GU, KO, MH, MN, MS, SC, SE, SM, SP, ST, <u>OR</u> WR.
1-197-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

### Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
CONTRACTOR NUMBER	SEE BELOW	
1-100-05R PATIENT ZIP CODE		
PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
SPONSOR STATUS	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
FILING DATE	SEE BELOW	
PROVIDER STATE <u>OR</u> COUNTRY	SEE BELOW	
BEGIN DATE OF CARE	SEE BELOW	
DENIAL REASON CODE	SEE BELOW	
PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

### Edited Element Relationship

1-197-05R	IF NAS EXCEPTION REASON = 9 (DEMONSTRATION PROJECTS)		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST	3	BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
		4	BONE MARROW DONOR - WILFORD HALL REFERRED ONLY
		9	FORT DRUM COOPERATIVE MEDICAL CARE
		E	HHC/CM
	IF NAS EXCEPTION REASON = 8 HEART/LIVER TRANSPLANT		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST	5	LIVER TRANSPLANT
		7	HEART TRANSPLANT
	IF NAS EXCEPTION REASON = 6 (PARTNERSHIPS)		
	AT LEAST ONE SPECIAL PROCESSING CODE	B	PARTNERSHIP PROGRAM. (EXTERNAL WITH SIGNED AGREEMENTS)
	IF NAS EXCEPTION REASON = L (HOSPICE)		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	#	HOSPICE

## Institutional Edit Requirements

## Element Name: Special Processing Code (1-197) (Continued)

	IF NAS EXCEPTION REASON =	9	(ACTIVE DUTY CLAIMS)
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	AD	ACTIVE DUTY CLAIMS
1-197-06R	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 <u>OR</u> 41.03		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
	IF BEGIN DATE OF CARE $\leq$ 03/1/97		
	AND IF PRINCIPAL/SECONDARY OP/NSP CODE IS 50.5, 50.51, <u>OR</u> 50.59		
	<b>THEN</b> AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7	HEART TRANSPLANT
1-197-07R	IF SPONSOR STATUS	T	FOREIGN MILITARY
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM. EXTERNAL WITH SIGNED AGREEMENTS
1-197-09R	IF PROGRAM INDICATOR	H	PFPWD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM. EXTERNAL WITH SIGNED AGREEMENTS
		F	CAM DEMONSTRATIONS
		G	
		I	
		J	
		E	HHC/CM
		N	CHAMPUS SELECT
1-197-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.		
1-197-11R	IF SPECIAL RATE CODE = G, I, J, M <u>OR</u> O (TRICARE/CHAMPUS DRG. WITH LONG STAY <u>OR</u> COST OUTLIER)		
	AND FREQUENCY CODE	2	INITIAL
		3	INTERIM
		4	FINAL
	SPECIAL PROCESSING CODE	D	DRG QUALIFYING FOR INTERIM PAYMENT
1-197-12R	IF FILING DATE $\leq$ 10/1/88		
	SPECIAL PROCESSING CODE MUST $\neq$	D	DRG QUALIFYING FOR INTERIM PAYMENT
	IF SPECIAL PROCESSING CODE	F	REYNOLDS ARMY COMMUNITY HOSPITAL. FT. SILL
	THE FILING DATE MUST BE $\geq$ JUNE 1, 1989. DATE OF ADMISSION $\leq$ MAY 31, 1992.		
	IF SPECIAL PROCESSING CODE	G	EVANS ARMY COMMUNITY HOSPITAL. FT. CARSON
	THE FILING DATE MUST BE $\geq$ OCT 1, 1989. DATE OF ADMISSION $\leq$ SEPTEMBER 30, 1992		
	IF SPECIAL PROCESSING CODE	I	BERGSTROM AFB CATCHMENT AREA



# Non-Institutional Edit Requirements

## Chapter 6

### V. NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200-299)

Element Name: Reason for Adjustment (2-200)		
Validity Edits		
2-200-01	VALUE MUST BE A - F <u>OR</u> BLANK.	
Relational Edits		
Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SUBMISSION	SEE BELOW	
Edited Element Relationship		
2-200-02R	IF TYPE OF SUBMISSION	A. B. <u>OR</u> F
	REASON FOR ADJUSTMENT MUST =	A - F
	IF TYPE OF SUBMISSION	D. I. R. <u>OR</u> O
	REASON FOR ADJUSTMENT MUST =	SPACE.
	IF TYPE OF SUBMISSION	C <u>OR</u> E
	REASON FOR ADJUSTMENT MUST	D - F.

# Non-Institutional Edit Requirements

**Element Name: Special Processing Code (2-202)**
**Validity Edits**

<b>2-202-01,</b>	OCCURRENCE NUMBER 1
<b>2-202-02,</b>	OCCURRENCE NUMBER 2
<b>2-202-03</b>	OCCURRENCE NUMBER 3 VALUE MUST BE IN RANGE 0 - 9, BLANK, A, B, C, E THROUGH O, Q THROUGH Z, !, @, #, \$ &, %, ?, PO, *, AD, AN, AR, BD, CE, EU, GU, KO, MS, MN, SC, SE, SM, SP, ST, <u>OR</u> WR
<b>2-202-04</b>	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

**Relational Edits**

	<b>Related to Element</b>	<b>Edited Element Relationship</b>	<b>Also Relates to Element(s)</b>
<b>2-140-14R,</b>	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
<b>2-145-14R,</b>	PATIENT COPAYMENT/ COINSURANCE		TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR

**AND**

<b>2-145-15R</b>	CONTRACTOR NUMBER	SEE BELOW
<b>2-235-06R</b>	PROVIDER MAJOR SPECIALTY	SEE BELOW
<b>2-100-05R</b>	PATIENT ZIP CODE	
	PROCEDURE CODE	SEE BELOW
	SPONSOR STATUS	SEE BELOW
	SPONSOR BRANCH OF SERVICE	SEE BELOW
	PROGRAM INDICATOR	SEE BELOW
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW
	FILING DATE	SEE BELOW
	PROVIDER STATE <u>OR</u> COUNTRY CODE	SEE BELOW
	BEGIN DATE OF CARE	SEE BELOW
	CONTRACTOR NUMBER	SEE BELOW
	DENIAL REASON CODE	SEE BELOW
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW